

IF4/2813

PTO/SB/21 (04-07) Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/537,124 Filing Date TRANSMITTAL June 2, 2005 First Named Inventor **FORM** Sachin AGGARWAL Art Unit 2823 **Examiner Name** B. Kebede (to be used for all correspondence after initial filing) Attorney Docket Number 606402028400 Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information** Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please X Other Endough x Extension of Time Request Terminal Disclaimer Return Receipt Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON & FOERSTER LLP Signature

Reg. No.

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Date

Brian N. Fletcher

June 21, 2007

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Effective on 12/08/2004. Foes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				respond to a collection of information unless it displays a valid OMB control number Complete if Known						
				n Number						
				te	June 2, 2005					
				ned Inventor	Sachin AGGARWAL					
				Examiner Name		B. Kebede				
Applicant claims s	mall entity status. S	See 37 CFR 1.27	Art Unit		2823	2823				
TOTAL AMOUNT OF F	PAYMENT	(\$) 120.00	Attomey [Docket No.	6064020284	606402028400				
METHOD OF PAYM	ENT (check all the	nat apply)								
Check Credit Card Money Order None Other (please identify):										
x Deposit Account	Deposit Account Numb	er: 03-1952 Deposit A	ccount Name:	count Name: Morrison & Foerster LLP						
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	e(s) indicated bel				indicated below,		e filing fee			
	ny additional fee(s der 37 CFR 1.16	s) or underpayments and 1.17	of x	Credit any ov	erpayments					
FEE CALCULATION										
1. BASIC FILING, SEA	RCH, AND EXAM	INATION FEES								
			EARCH FE		MINATION FEE					
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$) Small \$) Fee		Small Entity (\$) Fee (\$)	Y Fees Pa	aid (\$)			
Utility	300	150 500								
Design	200	100 100		0 130						
Plant	200	100 300								
Reissue	300	150 500		-						
Provisional	200	100			0 0					
2. EXCESS CLAIM FEE		100	,				Small Entity			
Fee Description	-3					Fee (\$)	Fee (\$)			
Each claim over 20 (inc	luding Reissues)					50	25			
Each independent claim over 3 (including Reissues)						200	100			
Multiple dependent cla						360	180			
Total Claims Ex	ctra Claims F	ee (\$) Fee	Paid (\$)	_	Multiple Depen	ident Claims				
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HP = highest number of total	al claims paid for, if gr			-			_			
Indep. Claims Ex	ctra Claims F	ee (\$) Fee	Pald (\$)							
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3. APPLICATION SIZE										
If the specification an	d drawings excee	d 100 sheets of pape	r (excluding	electronicall	y filed sequence	or computer	`			
listings under 37 C	FR 1.52(e)), the shareof See 35 II	application size fee of .S.C. 41(a)(1)(G) an	iue is \$230 (d 37 CFR 1	(\$125 for sma 16(s)	ii entity) for each	i additional 50	,			
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4. OTHER FEE(S)			(Fees	Paid (\$)			
Non-English Specif	ication, \$130 fe	e (no small entity dis	count)			4				
Other (e.g., late filir				ithin first mo	nth	12	0.00			
SUBMITTED BY										
Signature	135	LA	Registration		83 Telephone	(703) 760)-7796			

Signature

Name (Print/Type)

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